

# SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Right to Life of Michigan Political Action Committ- ee	FEC IDENTIFICATION NUMBER <b>C</b> C00101212
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice	

Full Name (Last, First, Middle, Initial) of Payee  
Greenville Printing Company

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Mailing Address  
1120 South Edgewood

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City Greenville	State MI	Zip Code 48838
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Purpose of Expenditure Print Flier	Category/ Type 004
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Name of Federal Candidate supported or Opposed by expenditure:  
DAVID LEE CAMP

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Calendar Year-To-Date Per Election for Office Sought	0.00
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Date  
M M / D D / Y Y Y Y  
0 7 / 2 5 / 2 0 0 8

Amount  
19.39

Transaction ID: SE.9736

Office Sought:  House State: MI  
 Senate District: 04  
 Presidential

Check One:  Support  Oppose

Disbursement For:  Primary  General  
 Other (specify) : \_\_\_\_\_  
2008  
**[MEMO ITEM]**

Full Name (Last, First, Middle, Initial) of Payee  
Greenville Printing Company

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Mailing Address  
1120 South Edgewood

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City Greenville	State MI	Zip Code 48838
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Purpose of Expenditure Print Flier	Category/ Type 004
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Name of Federal Candidate supported or Opposed by expenditure:  
MICHAEL J ROGERS

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Calendar Year-To-Date Per Election for Office Sought	0.00
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Date  
M M / D D / Y Y Y Y  
0 7 / 2 5 / 2 0 0 8

Amount  
17.40

Transaction ID: SE.9737

Office Sought:  House State: MI  
 Senate District: 08  
 Presidential

Check One:  Support  Oppose

Disbursement For:  Primary  General  
 Other (specify) : \_\_\_\_\_  
2008  
**[MEMO ITEM]**

(a) SUBTOTAL of Itemized Independent Expenditures .....	0.00
(b) SUBTOTAL of Unitemized Independent Expenditures .....	
(c) TOTAL Independent Expenditures .....	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Mrs. Susan Colligan  
Signature

Date M M / D D / Y Y Y Y  
1 0 / 0 6 / 2 0 0 8